MINISTERING TO THE GRIEVING PERSON

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INTRODUCTION

In the process of growing and changing, we always lose something, we always leave something behind. This experience is true for every human person. This paper deals with what we feel when we lose something, that is, this paper deals with grief. And specifically, this paper deals with the grief that is experienced upon the loss of a loved one. It is, however, valid to note here that the underlining principles and processes of grief are valid in all the cases in which loss of any type is experienced.

THE NATURE OF GRIEF

What is Grief? Grief is that emotion associated with loss. And "loss" may be described as "that state of being deprived of or being without something that one has had."[1] This 'something' may be: a person, and external object, a part of the body, or a personal talent or attribute, which was of value because of the emotional significance that was invested in it. And so, 'grief' or 'bereavement' is what is felt at the loss of that which is loved and valued.

NORMAL GRIEF

The normal process of grief can be distinguished in three progressive stages: the first stage is one of emotional expression; this is followed by the second stage of renunciation and the third and final stage would be one of acceptance and recovery.

STAGE OF EMOTIONAL EXPRESSION

The initial reaction to loss is expressed in shock, numbness and denial. This initial incomprehensiveness gives way to a number of emotional reactions which are manifested in the following ways:

- Somatic Distress characterized by: sighing, fatigue, feelings of emptiness and loneliness, exhaustion, insomnia, anxiety, tension and loss of weight.
- There is a pre-occupation with images and memories of the deceased. The grieving person still doesn't believe what has occurred and holds onte a false hope that the deceased person will return.
- Guilt and self-blame are manifested while the grieving person searches for a cause for the loss. Others might be blamed. The grieving person recalls the many ways he has failed the deceased. Guilt is to be suspected when the bereaved insists on seeing the loss as a punishment.
- The grieving person will experience anger, irritability, impatience and social withdrawal. Fleeting thoughts of suicide are common in one's efforts to overcome feelings of helplessness. Manifestations of irrational anger may be felt toward the dead person for not remaining alive and for leaving the bereaved burden with the loss.
- There is an inability to maintain normal patterns of conduct and functioning. The grieving person attempts to ward off any closeness to others as this would produce more intense suffering by reminding him of his loss. He tends to drift into an unstructured and directionless way.

The PASTORAL RESPONSE to the bereaved person in this stage of grief should be characterized by supportive physical presence. There is a tendency to withdraw from the bereaved because friends feel uncomfortable and do not know how to help. The presence of a person willing to listen, comfort and understand is very essential if the bereaved is to cope with and handle the feelings of isolation and despair. A presence without words is very effective and supportive. Often the bereaved will attempt to ward off any closeness with others in an effort to avoid any reminder of the loss he has experienced. In this case, one should respond with a compassionate and firm insistance on being present with the bereaved. Any type of abandonment or withdrawal from the bereaved indicates unresolved conflicts in the one who withdraws.

If at all possible one should encourage the bereaved to express and ventilate his emotions. Since we are uncomfortable with emotional outbursts, we usually tend to encourage the bereaved to control his expressions of strong emotions. Very often emotions are viewed as manifestations of man's lower nature and consequently, people tend to be embarassed when they are displayed. The counselor, to be effective, must work through and understand his own fears, reactions and feelings toward loss, death and emotional displays. It is good to always remember that feelings and emotions are reduced in their intensity when they can be expressed and be responded to by acceptance. The bereaved needs, most of all, to know that there are those who care, who are prepared to share in any painful feelings, who can support him and who can appreciate the significance of his loss.

No set pattern and no infallible guidelines can be formulated and applied to all bereaved persons. Emotional states come and go in waves and may be triggered off by the most innocent incident. If the early stages of grief are resolved successfully, they will not progress into any future serious pathological condition. It is beneficial to prepare the bereaved beforehand as to what kind of emotional reactions he can expect to display as this will relieve anxiety and fear when the emotional reactions occur within the person who is grieving.

In the second, STAGE OF RENUNCIATION, the grieving individual, while still clinging to the attachments to the lost loved one, at the same time, engages in the painful process of gradually withdrawing from those attachments.

This stage is characterized by a pre-occupation with and a verbal rehearsal and review of the deceased's life, past accomplishments and final last words. This recitation of the history of the deceased is a vehicle by which the bereaved accepts the permanency and finality of the loss that has occurred and gradually prepares himself to return to the level of functioning prior to the loss. In this stage the grieving person comes to terms with the feeling that his existence has been threatened by the loss of the loved one and comes to terms with the objective meaning of that loss.

The proper PASTORAL RESPONSE at this stage is to make oneself present to the bereaved in order to listen to the recitation of the life story and the last end of the deceased person and to discuss and offer practical advice as to immediate and future problems the bereaved will have to face since recovery from this stage of grief is greatly achieved through the management of practical day-to-day problems.

The third stage, which is the STAGE OF RECOVERY, is that stage in which the individual has been reconstituted into someone who, having dealt successfully with grief and its attendant practical problems, has:

- no further symptoms or disabilities related to grief.
- much to live for and much to contribute to their family and society.
- established new interpersonal relationships, or has expressed interest in them.
- regained his capacity to deal with his feelings and environment.
- restored his full capacity for pleasure without shame or guilt.

VARIABLES AFFECTING THE INTENSITY AND EXPRESSION OF GRIEF

Each person responds to loss and express grief in a different way. To understand and to treat grief, one must know and understand:

- In what specific ways was the object or person important to the bereaved? One must avoid making any presumptions as to the value or important significance the deceased person or object had to the bereaved. e.g.: we assume that the death of a spouse will have a profound effect on the surviving spouse, but this is not always true. Children can be very deeply affected by the death of a father or mother. It is well to note and remember that we usually tend to project and transfer onto the bereaved our personal envisioned emotional reaction to the loss as if it had happened to us.
- What are the coping patterns of the bereaved? Although there are certain defineable aspects and emotions associated with grief, each of us has learned and has been conditioned to express and respond to grief in a different way.
- The social and cultural milieu the bereaved was raised in, comes from and lives in, affects the expression of grief.
- The personal attitudes and values the bereaved has developed toward loss and death must be considered. e.g. is death viewed as a passing over to eternal fulfillment or as a permanent and irreversible state of non-being.
- What specific resources or disabilities does the individual possess for coping with loss?
- Was the loss sudden and unexpected or gradual and expected?
- Under what circumstances did the loss take place? e.g. the death of a spouse after a heated argument will be viewed differently than a death

caused by an incurable disease.

There is no fixed amount of time specified for a person to work through his grief. Society provides minimal support for the bereaved. Grief, rather than being encouraged as something essential for the healthy and emotional well balance of the individual, is viewed somewhat shortsightedly as inimical to the smooth workings of a highly technological society. Grief should not be abandoned prematurely because of the social expectations and pressures to pick up one's regular life style and pattern.

DIFFERENT EXPRESSIONS OF GRIEF

In addition to the normal expression of grief, medical psychology has identified other expressions of grief:[2]

There is an INHIBITED, DELAYED AND ABSENT EXPRESSION OF GRIEF: Regarding this expression of grief, it is well to note the following:

- The absence of grief is not always indicative of a maladation. Before making any judgment, one must ascertain as to what type of relationship existed between the bereaved and the deceased before the death took place. Perhaps it was a strained and negative relationship.
- Due to involvement in necessary activities, e.g.: making funeral arrangements, some individuals force themselves to postpone any manifestation or demonstration of grief.
- Some individuals prefer to express their feelings in privacy, with or without close friends, rather than in public.
- The bereaved may have ambivalent feelings of love and hate toward the deceased and might fear expressing the loss since the hostility might also be expressed.

The proper PASTORAL RESPONSE to such a person is to encourage the expression of grief either privately or with a few close friends and to encourage the ventilation of all feelings, both positive and negative, in an accepting and understanding surrounding.

There is a CHRONIC or PERPETUAL EXPRESSION OF GRIEF: This basically represents a denial of the reality of the loss, and aims at protecting the person against the intense suffering that the acknowledgement of the loss would engender. This state is not one of prolongation of grief but rather a defense against it.

The proper PASTORAL RESPONSE is to refer such a person to those who will offer suitable therapy.

There is an EXPRESSION OF GRIEF THROUGH DEPRESSION: in such a person, tension, sadness and a sense of depletion are prominent. It is important to distinguish between transient depression and a severe depressive reaction which is characterized by an aberration of mood and thought processes.

The PASTORAL RESPONSE to a person experiencing transient depression is to support the grieving person through verbal reassurance. The PASTORAL RESPONSE to a person experiencing severe depression is to refer the person to trained personnel for therapy and anti-depressant medication.

Some people express their grief THROUGH AN EXAGGERATION OF SOME PRE-EXISTENT SOMATIC CONDITIONS. In such a case the person expresses a considerable amount of anxiety and tension around a physical concern rather around the loss and its consequences. This expression may either occur transiently in the grief process, be a symptom of a state of depression or exist as an illness in itself.

The proper PASTORAL RESPONSE to such an individual is to refer the person to other professionals who can:

- rule out the presence of any serious physical illness.
- treat whatever physical illness might be present.
- clarify any emotional components and attempt to resolve any underlying feelings the person might be suppressing. e.g.; anxiety, hostility, guilt, etc.

The individual who expresses his grief through the exaggeration of physical symptoms usually has difficulty in expressing his feelings to others, although he is quite well aware of them. Since he is ashamed to accept help from others for emotional support, the use of physical symptoms is a more acceptable route to both the expression of a painful loss and of the acceptance of support.

An individual might express his grief through a PSYCHO-PHYSIOLOGIC REACTION in which state the grieving individual prefer to throw himself into a state of activity rather than experience the pain of his loss.

The proper PASTORAL RESPONSE is to help the person slow down and articulate his feelings. At times a referral to a person specifically trained to do this might be necessary.

An individual might express his grief through ACTING OUT THROUGH THE USE OF DRUGS AND PROMISCUITY. Such a person cannot cope with the loss and seeks either substitutes for the lost loved one through promiscuity or tries to substitute dependency on drugs for dependency on people. This reaction is pathological and demands professional treatment as a proper PASTORAL RESPONSE.

SUMMARY

The expression of grief varies according to the personality of the bereaved, the relationship between the bereaved and the lost loved one and the values of the society and the culture of which the grieving person is a member. Any attempt to block or inhibit feelings and behavior related to the expression of grief may lead to serious difficulty in future interpersonal relationships. The expression of grief is to be encouraged. It is important that the counselor not withdraw from the grieving person either emotionally or physically as this imposes further isolation and loneliness and only adds to the grief and despair.

Anyone who works and deals with grieving persons must first of all work through and understand his own feelings and reactions to death, loss, emotion and expressions of emotion. It is only then that such a person can be present to and with the bereaved in an accepting way and convey the reality that someone does care.

FOOTNOTES

1. p.13 'The Meaning of Grief' in MINISTERING TO THE GRIEF SUFFERER, Charles Bachmann; Prentice Hall., Englewood Cliffs, N.J. 1964

2. p.4 'Development, Object-Relationship and Loss' in LOSS AND GRIEF, David Peretz, Columbia University Press, New York 1971

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